2009-2010

GIC BENEFIT DECISION GUIDE

Commonwealth of Massachusetts

Employees

from Sheriffs Departments and the Department of Transportation





Your Benefits Connection



DEVAL L. PATRICK GOVERNOR OFFICE OF THE GOVERNOR

COMMONWEALTH OF MASSACHUSETTS

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Fall 2009



Dear Colleagues:

In this year's Benefit Decision Guide, you will find important information about your benefits under the state's health care plans. Our goal remains to offer you and your family excellent benefits at affordable costs.

To achieve these goals, we will continue to work with the Group Insurance Commission (GIC) to improve quality and contain costs. The GIC will continue its leadership role in driving health care delivery improvements, quantifying differences in care and providing incentives by charging lower co-payments for those who use better-performing doctors and health care providers. Now more than ever it is important that we do all we can to control the cost of health care. Each of us has a part to play -- the GIC by designing programs to improve the system; the Administration and the Legislature by funding these programs responsibly; and you by being thoughtful and prudent consumers.

I urge you to read the **2009-2010 Benefit Decision Guide** thoroughly. Contact your current health plan (if you are not in Medicare), and other GIC health plans you are considering, to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family. I thank you for your service to the Commonwealth. I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

All employees should read:

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Health Plan Rates Effective July 1, 2009
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Find out about your health plan options:

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Find out about other benefit options:

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Your Benefits Connection



IMPORTANT REMINDERS

- Read the Weigh Your Options section on page 8 for important information to consider when selecting a health plan.
- Open enrollment forms are due to the GIC Coordinator in your benefits office by the deadline given to you under separate cover. Please be sure to include required documentation (e.g., birth certificates, marriage certificates, legal separation agreements, etc.) with your form. The list of required documents for GIC coverage is available through your Coordinator and is also listed on the GIC's website.

www.mass.gov/gic



This Guide is only for employees of the following groups:

- County Sheriffs Departments from the following counties:
 - □ Barnstable
 - □ Bristol
 - □ Dukes
 - Nantucket
 - □ Norfolk
 - □ Plymouth
 - □ Suffolk
- Massachusetts Department of Transportation:
 - □ MBTA (Massachusetts Bay Transportation Authority)
 - Massachusetts Turnpike Authority
 - Massport Tobin Bridge

Transportation employees who already have GIC benefits will be transferred to the new agency with their current GIC benefits and the special open enrollment period does not apply.

The **Benefit Decision Guide** is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.

Q As a new employee, when do my GIC benefits begin?

A See your GIC Coordinator or the GIC's website for coverage effective date details for new Transportation and Sheriffs Departments employees.

Q I'm turning age 65; what do I need to do?

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility.

If you are eligible and you continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see the GIC's website for details.

Employees should not sign up for Medicare Part D.

Q I am an active state employee age 65 or over. Which health plan card should I present to a doctor's office or hospital?

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q If I die, is my surviving spouse eligible for GIC health insurance?

A If you (the state employee) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage until he/she remarries or dies, regardless of your retirement benefit option (A, B or C).



You *MUST* Notify Your GIC Coordinator When Your Personal Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being charged for services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent turning age 19
- Dependent age 19 and over who ceases to be a full-time student, graduates, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

You may be held personally and financially responsible for failing to notify the GIC of family status changes.



Open enrollment for employees from new entities joining the GIC as the result of special legislation (Transportation and Sheriffs Departments) gives you an opportunity to review your benefit options and enroll in benefits if you desire.



Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area.

NEW STATE EMPLOYEES SPECIAL OPEN ENROLLMENT

See your GIC Coordinator or the GIC's website for coverage effective date details.

You may enroll in *:

- Basic life insurance
- One of these health plans:
 - Fallon Community Health Plan Direct Care
 - Fallon Community Health Plan Select Care
 - Harvard Pilgrim Independence Plan
 - Health New England
 - Navigator by Tufts Health Plan
 - NHP Care (Neighborhood Health Plan)
 - UniCare State Indemnity Plan/Basic
 - UniCare State Indemnity Plan/Community Choice
 - UniCare State Indemnity Plan/PLUS
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for managers
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting to your GIC Coordinator by the end of the open enrollment period...

- GIC enrollment forms; and
- Required documentation for family coverage (if applicable) as outlined on the Required Documents for GIC Coverage for All GIC Health Plans, which is available on our website

NOTE: Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your GIC Coordinator for details.



Certain employees of the new Department of Transportation who already have GIC benefits will continue with these benefits.

^{*} See pages 19-23 for eligibility and option details.

Our Challenge

Health care costs continue to skyrocket. Nationally:

- Health premiums rose 6.3% in 2008 after benefit changes
- Without benefit changes, health premiums will rise on average at least 8% in 2009

The GIC has continued to match or beat these market trends with minimal benefit changes:

- FY09 increase 6.37%
- FY08 increase 3.75%
- FY07 increase 7.30%

But, rising costs and contracting state revenues pose formidable challenges. Even so, FY10 premiums increased by only 3.19%.

Why are the GIC's health care costs rising?

- New technology
- Aging population
- Overuse of some services (e.g., radiology and heavily advertised brand drugs)
- Lower-cost community hospitals being squeezed utilization of more expensive teaching hospitals is two and one-half times the national average.
- Addition of municipalities = more enrollees
- Increased waistlines and other unhealthy lifestyle choices

What do many other employers do to contain costs?

- Reduce coverage (example: eliminate retiree coverage)
- Eliminate choice of plans and/or providers
- Implement high-deductible plans (example: \$1,000-\$5,000 deductibles before benefits begin)
- Institute coinsurance (example: member pays 20% of the cost of service)

The GIC has taken a different approach:

- Share responsibility for reducing costs and improving quality—providers, members, health plans, and the GIC
- Maintain comprehensive benefits and choice
- Emphasize health care quality and safety
- Adopt modest member share increases
- Educate members about provider performance
- Encourage healthy behavior
- Maintain retiree health benefits

With the GIC's Clinical Performance Improvement (CPI) Initiative, members pay lower copays for providers with the highest combined quality and efficiency scores:

- ★★★ Tier 1 (excellent)
 - ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

How are physician tiers determined?

Based on a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and efficiency.

DURING Open Enrollment:

Contact the health plans you're considering to see which copays you would pay for your doctors and hospitals.



AFTER Open Enrollment:

- Be an informed consumer!
- ☑ Tier 1 and Tier 2 physicians have lower copays.
- ☑ Before you visit a doctor or are admitted to the hospital (non-emergency), find out your copay for the doctor or hospital.

Choosing a HEALTH PLAN

During open enrollment, "Julie" checked out which tier her own, her husband's and her children's doctors would be in in some of the GIC's health plans. She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during open enrollment.

Choosing a DOCTOR OR HOSPITAL

"Mike" was told he needs surgery. He is in Navigator by Tufts Health Plan and talks to his surgeon to find out which hospitals the surgeon recommends for his care. He contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. He elects to receive care at a Tier 1 hospital and saves money by doing so.

"George" is a member of the Harvard Pilgrim Independence Plan. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Harvard Pilgrim's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and George books an appointment with that dermatologist.



Monthly GIC Plan Rates as of July 1, 2009



select & save quality, value.		EMPLOYEE PA	AYS MONTHLY
quanty, value.		5%	/o
Basic Life: \$5,000 Coverage Only		\$0.3	34
HEALTH PLAN (premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care	НМО	\$20.56	\$48.87
Fallon Community Health Plan Select Care	НМО	24.86	59.18
Harvard Pilgrim Independence Plan	PPO	26.57	63.82
Health New England	НМО	21.82	53.59
Navigator by Tufts Health Plan	PPO	26.21	62.67
NHP Care (Neighborhood Health Plan)	НМО	21.11	55.39
UniCare State Indemnity Plan/Basic with CIC	Indemnity	72.23	167.68
UniCare State Indemnity Plan/Basic without CIC	Indemnity	36.82	85.53
UniCare State Indemnity Plan/Community Choice	PPO-Type	20.84	49.53
UniCare State Indemnity Plan/PLUS	PPO-Type	26.87	63.66

CIC: Catastrophic Illness Coverage (Applies to UniCare State Indemnity Plan/Basic Only)	EMPLOYEE PAYS MONTHLY
Individual CIC	\$35.41
Family CIC	\$82.15

The CIC, when elected by an employee, is paid entirely by the employee.

EMPLOYEE PAYS MONTHLY							
10	%	15	%	20%		25%	
\$0.	69	\$1.	03	\$1.	37	\$1.	.71
INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
\$41.13	\$97.75	\$61.69	\$146.61	\$82.25	\$195.48	\$102.81	\$244.35
49.73	118.38	74.58	177.56	99.44	236.74	124.30	295.92
53.15	127.64	79.71	191.46	106.28	255.28	132.85	319.09
43.66	107.20	65.48	160.79	87.31	214.39	109.13	267.98
52.43	125.35	78.63	188.02	104.84	250.69	131.05	313.36
42.24	110.79	63.35	166.18	84.46	221.56	105.58	276.95
109.06	253.22	145.88	338.74	182.70	424.27	219.53	509.80
73.65	171.07	110.47	256.59	147.29	342.12	184.12	427.65
41.68	99.07	62.52	148.60	83.36	198.13	104.19	247.66
53.76	127.34	80.63	191.00	107.51	254.67	134.38	318.33



For other factors to consider when choosing a health plan, see page 8.

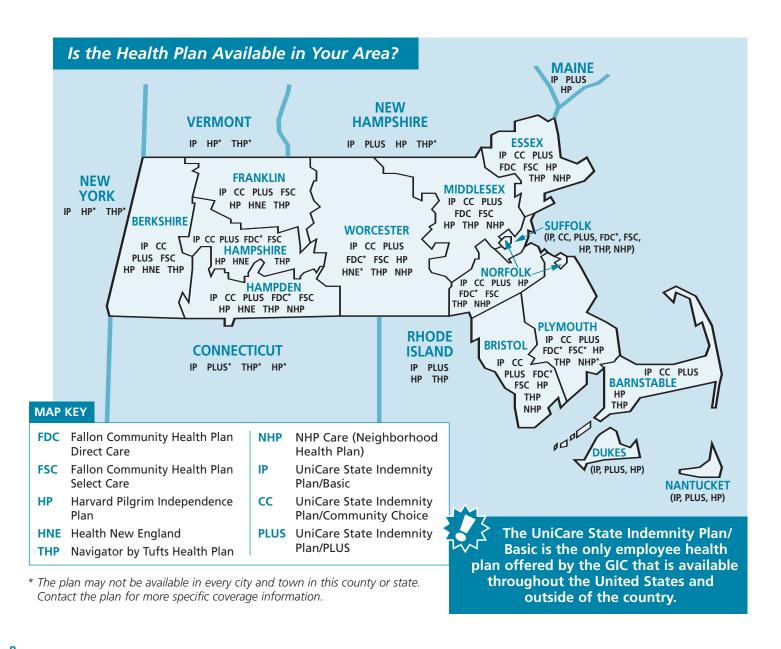
Weigh Your Options During Open Enrollment

- Determine which plans you are eligible for: See the map below for health plan locations and each health plan page for eligibility details.
- Review the health plan pages (10-18) for an overview of your health plan options, their structure, and most frequently used service copays and deductibles.

Weigh the following:

- Are there out-of-network benefits and do you need them?
- Do you prefer having a Primary Care Physician who is required to coordinate your care?
- Monthly plan rates (see pages 6-7).

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this guide
 - If your doctors and hospitals are in the network
 - Which copay tiers your doctors and hospitals are in
- See the GIC's website (www.mass.gov/gic) for additional information.



Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the particular drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. See pages 10-18 for the corresponding copayment information.

Tier 1 (Generics): This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses of brand name drugs.

Tier 2 (Preferred Brand Name): This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Costly generics may also be included.

Tier 3 (Non-Preferred Brand Name): This tier is primarily made up of brand name drugs not included in Tier 1 or Tier 2. They have generic or brand name alternatives in Tiers 1 or 2.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by Express Scripts, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- Mandatory Generics When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, plus the generic copay.
- Specialty Drug Pharmacies If you are prescribed specialty medications, primarily injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or doctor's office.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay for three months of medication. See pages 10-18 for copay details. Once you begin mail order, you can conveniently order refills by phone or Internet. Contact your plan for details.



FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Plan Overview



Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Direct Care offers a selective network based at a geographically concentrated network of physician group practices, community hospitals, and medical facilities. Contact the plan to see if your provider is in the network.

Benefits Effective July 1, 2009

- Primary Care Physician Office Visit
 100% after \$10 per visit
 100% pediatric wellness visit
- Specialist Physician Office Visit 100% after \$20 per visit
- Retail Clinic 100% after \$10 per visit
- Outpatient Mental Health and Substance Abuse Care

100% after \$10 per visit

- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$200 per admission
- Outpatient Surgery (maximum four copays annually per person)
 100% after \$100 per occurrence
- High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day)
 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

кетан	up to	IVIAII O	raer up to
30-day	supply:	90-day	supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Eligibility

Employees, Retirees, Survivors, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

Essex Middlesex

Fallon Community Health Plan Direct Care is available in parts of the following Massachusetts counties; contact the plan for more specific coverage information:

Bristol Plymouth Hampden Suffolk Hampshire Worcester Norfolk

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442 www.fchp.org

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Plan Overview



Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- Primary Care Physician Diagnostic Office Visit
 Fallon Community Health Plan tiers network Primary Care
 Physicians based on combined quality and efficiency standards.
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ** Tier 2 (good): 100% after \$15 per visit
 - ★ Tier 3 (standard): 100% after \$25 per visit
- Primary Care Physician Wellness Office Visit
 - ***Tier 1 (excellent): 100% after \$10 per visit; 100% after \$0 pediatric visit
 - ** Tier 2 (good): 100% after \$15 per visit; 100% after \$5 pediatric visit
 - ★ Tier 3 (standard): 100% after \$25 per visit; 100% after \$10 pediatric visit
- Specialist Office Visit

Fallon Community Health Plan tiers the following specialists based on combined quality and efficiency standards: Allergists/ Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Neurologists, Obstetrician/ Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

- *** Tier 1 (excellent): 100% after \$20 per visit
- ** Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse
 Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission
- Outpatient Surgery (maximum four copays annually per person): 100% after \$125 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail 30-day	up to supply:	Mail Order up to 90-day supply:		
Tier 1:	\$10	Tier 1:	\$20	
Tier 2:	\$25	Tier 2:	\$50	
Tier 3:	\$50	Tier 3:	\$110	

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire Hampshire
Bristol Middlesex
Essex Norfolk
Franklin Suffolk
Hampden Worcester

The Plan is available in *parts of* the following Massachusetts county; contact the plan for specific coverage information:

Plymouth

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan

1.866.344.4442 www.fchp.org

HARVARD PILGRIM INDEPENDENCE PLAN

Plan Overview



The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

 Harvard Pilgrim Health Care tiers the following Massachusetts

 specialists based on combined quality and efficiency standards:

 Allergists, Cardiologists, Dermatologists, Endocrinologists,

 Gastroenterologists, General Surgeons, Neurologists,

 Obstetricians/Gynecologists, Ophthalmologists, Orthopedic

 Specialists, Otolaryngologists (ENTs), Pulmonologists, and

 Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Specialist Office Visit 100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse
 Care: 100% after \$15 per individual visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) Harvard Pilgrim Health Care tiers its hospitals based on quality and cost:

Tier 1: 100% after \$250 per admission Tier 2: 100% after \$500 per admission Tier 3: 100% after \$750 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan

N/1 - ! | O .. - |

■ Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to
30-day supply:	90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine Rhode Island New Hampshire

Coverage may be available in *some* cities and towns in the following states; contact the plan for more specific coverage information:

Connecticut Vermont New York

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care 1.800.542.1499

www.harvardpilgrim.org/gic

HEALTH NEW ENGLAND

Plan Overview



Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

- Pediatric Physician Office Visit
 100% wellness office visit
 100% after \$15 per diagnostic visit
- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

 Health New England tiers the following specialists
 based on combined quality and efficiency standards:
 Cardiologists, Dermatologists, Endocrinologists,
 Gastroenterologists, Obstetricians/Gynecologists,
 Orthopedists, Otolaryngologists (ENTs), Pulmonologists
 and Rheumatologists.
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit ★★ Tier 2 (good): 100% after \$30 per visit ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care: 100% after \$15 per visit
- Inpatient Hospital Care Medical (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year) 100% after \$250 per admission
- Outpatient Surgery (maximum four copays annually per person): 100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: \$10	Tier 1: \$20
Tier 2: \$25	Tier 2: \$50
Tier 3: \$50	Tier 3: \$110

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire Hampden Franklin Hampshire

Health New England is available in *parts of* the following Massachusetts county; contact the plan for more specific coverage information:

Worcester

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England 1.800.842.4464

www.hne.com

NAVIGATOR BY TUFTS HEALTH PLAN

Plan Overview



The Navigator Plan, administered by Tufts Health Plan, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

In-Network Benefits Effective July 1, 2009

- Primary Care Physician Office Visit 100% after \$15 per visit
- Specialist Physician Office Visit

Tufts Health Plan tiers the following Massachusetts specialists based on combined quality and efficiency standards: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.

*★★ Tier 1 (excellent): 100% after \$20 per visit ★★ Tier 2 (good): 100% after \$30 per visit ★ Tier 3 (standard): 100% after \$40 per visit

- Out-of-State Specialist Office Visit100% after \$30 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit UBH also offers EAP services.
- Inpatient Hospital Care Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics and pediatrics based on quality and cost.

Tier 1: 100% after \$300 per admission Tier 2: 100% after \$700 per admission

- Outpatient Surgery (maximum four copays per person per calendar year): 100% after \$150 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan
- Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail 30-day	up to supply:		rder up to supply:
Tier 1:	\$10	Tier 1:	\$20
Tier 2:	\$25	Tier 2:	\$50
Tier 3:	\$50	Tier 3:	\$110

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Navigator by Tufts Health Plan is available throughout the following Massachusetts counties:

Barnstable Hampshire
Berkshire Middlesex
Bristol Norfolk
Essex Plymouth
Franklin Suffolk
Hampden Worcester

The plan is also available in the following other state:

Rhode Island

Coverage may be available in *some* cities and towns of the following states; contact the plan for more specific coverage information.

Connecticut New York New Hampshire Vermont

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

Tufts Health Plan

1.800.870.9488

www.tuftshealthplan.com/gic

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

NHP CARE (Neighborhood Health Plan)

Plan Overview



NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Benefits Effective July 1, 2009

Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on combined quality and efficiency

★★★ Tier 1 (excellent): 100% after \$10 per visit

- ★★ Tier 2 (good): 100% after \$20 per visit
- ★ Tier 3 (standard): 100% after \$25 per visit

Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on combined quality and efficiency standards: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.

- ★★★ Tier 1 (excellent): 100% after \$20 per visit
- ★★ Tier 2 (good): 100% after \$30 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance **Abuse Care**

100% after \$20 per visit

Inpatient Hospital Care – Medical

(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)

100% after \$250 per admission

- Outpatient Surgery (maximum four copays annually per person): 100% after \$100 per occurrence
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan

■ Emergency Room

100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to	Mail Order up to	
30-day supply:	90-day supply:	
Tier 1: \$10	Tier 1: \$20	
Tier 2: \$25	Tier 2: \$50	
Tier 3: \$50	Tier 3: \$110	

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available in the following Massachusetts counties:

Norfolk Bristol Suffolk Fssex Hampden Worcester

Middlesex

NHP Care is available in parts of the following Massachusetts county; contact the plan for more specific coverage information.

Plymouth

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care (Neighborhood Health Plan) 1.800.462.5449 www.nhp.org

UNICARE STATE INDEMNITY PLAN/BASIC

Plan Overview



The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated. The plan determines "allowed amounts" for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

Benefits with CIC (Comprehensive) Effective July 1, 2009

Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - *** Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$15 per visit
 - ** Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$35 per visit
- Out-of-State Primary Care Physician and Specialist Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Network Outpatient Mental Health and **Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit UBH also offers EAP services.
- Inpatient Hospital Care Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year) 100% after \$200 deductible
- Outpatient Surgery (maximum one deductible per person per calendar year quarter): 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day) 100% after \$75 per scan
- **■** Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:	
Tier 1: \$10	Tier 1: \$20	
Tier 2: \$25	Tier 2: \$50	
Tier 3: \$50	Tier 3: \$110	

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Basic is the only Non-Medicare plan offered by the GIC that is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300 www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE



Plan Overview

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays and deductibles are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital deductible when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-ofnetwork providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ** Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance **Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): 100% after \$15 per visit

UBH also offers EAP services.

- Inpatient Hospital Care Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): 100% after \$250 deductible
- Outpatient Surgery (maximum one deductible per person per calendar year quarter): 100% after \$100 deductible
- **High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

Emergency Room 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Retail up to 30-day supply:	Mail Order up to 90-day supply:	
Tier 1: \$10	Tier 1: \$20	
Tier 2: \$25	Tier 2: \$50	
Tier 3: \$50	Tier 3: \$110	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable Hampshire Middlesex Berkshire Norfolk Bristol Plymouth Essex Suffolk Franklin Hampden Worcester

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com

UNICARE STATE INDEMNITY PLAN/PLUS

Plan Overview



The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by Express Scripts.

In-Network Benefits Effective July 1, 2009

UniCare tiers Massachusetts physicians based on combined quality and efficiency standards.

- Primary Care Physician Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$10 per visit
 - ** Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$30 per visit
- Specialist Office Visit
 - ★★★ Tier 1 (excellent): 100% after \$20 per visit
 - ★★ Tier 2 (good): 100% after \$25 per visit
 - ★ Tier 3 (standard): 100% after \$40 per visit
- Out-of-State Primary Care Physician and Specialist
 Office Visit: 100% after \$25 per visit
- Retail Clinic: 100% after \$15 per visit
- Outpatient Mental Health and Substance Abuse Care (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)
 100% after \$15 per visit. UBH also offers EAP services.

UniCare tiers hospitals based on quality and cost.

■ Inpatient Hospital Care – Medical (maximum one deductible per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Tier 1: 100% after \$250 deductible

Tier 2: 100% after \$500 deductible

Tier 3: 100% after \$750 deductible

UniCare's outpatient surgery deductible is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery deductible.

- Outpatient Surgery (maximum one deductible per person per calendar year quarter)
 - Tier 1 and Tier 2: 100% after \$100 per occurrence; Tier 3: 100% after \$250 per occurrence
- High-Tech Imaging (e.g., MRI, PET and CT scans) (maximum one copay per day): 100% after \$75 per scan

0

■ Emergency Room: 100% after \$75 per visit (waived if admitted)

Prescription Drug Copayments

Mail Order up t	
90-day supply:	
Tier 1: \$20	
Tier 2: \$50	
Tier 3: \$110	

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine

Rhode Island

New Hampshire

Coverage may be available in *some* cities and towns of the following state; contact the plan for more specific coverage information.

Connecticut

Monthly Rates as of July 1, 2009

See pages 6-7.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits:

UniCare

1.800.442.9300

www.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits:

United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits:

Express Scripts

1.877.828.9744

www.express-scripts.com

Long Term Disability (LTD)

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

Seventy-one percent of American employees live paycheck to paycheck, according to *American Payroll Association September 2008* data. How would you pay your bills if you became seriously ill? When disaster strikes, it's easy to fall behind on mortgage and other essential payments. With three in ten workers entering the workforce becoming disabled before retirement (*January 2007 Social Security Administration Fact Sheet*), being out of work due to a disability is a very real possibility. That's why a salary replacement plan is an important benefit for you and your family.

If you become ill or injured and are unable to work for 90 consecutive days, this program will provide you with:

- A tax-free benefit of up to 50% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits, but the minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater.

Eligibility and Enrollment

All active full-time and half-time state employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits. You may enroll in the LTD plan without providing evidence of good health during the established enrollment period; new employees may enroll in LTD without providing evidence of good health within 31 days of hire. All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year. You must provide proof of good health for Unum's approval to enter the plan.

LONG TERM DISABILITY

Monthly GIC Plan Rates as of July 1, 2009

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE MONTHLY PREMIUM Per \$100 of Monthly Earnings
Under 20	\$0.09
20 – 24	0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.38
45 – 49	0.55
50 – 54	0.77
55 – 59	0.98
60 – 64	0.89
65 – 69	0.41
70 and over	0.23



Long Term Disability (LTD)
Ouestions?

Contact Unum: 1.877.226.8620 www.mass.gov/gic

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

Accidental Death & Dismemberment (AD&D) Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life in a car accident while using an airbag or seat belt

Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit. If you have been diagnosed with a terminal illness, you may elect an advance payment of a portion of your life insurance death benefits during your lifetime (Accelerated Death Benefit).

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, and other sources; and
- The life insurance cost and needs for your age bracket. For instance, 35-year-olds with young families and mortgages might need the coverage. But 65-year-olds who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make financial sense for you to keep it. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age. See the Retiree/Survivor Benefit Decision Guide or our website for these rates.

Life Insurance and Leaving State Service

Active employees who leave state service or become ineligible for GIC life insurance can take advantage of the following options:

- Portability continue your basic and/or optional life insurance at the group rate
- Conversion convert your life insurance coverage to a non-group policy

Portability and Conversion Questions?

Contact The Hartford Life and Accident Company
1.877.320.0484

Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New State Employees

During the established enrollment period for new state employee groups, or as a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

Current Employees

Active employees may apply for the first time or apply to increase their coverage at any time during the year. The active employee must complete a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Life Insurance and AD&D Questions?
Contact the GIC: 1.617.727.2310 ext. 1

www.mass.gov/gic

Current Employees with a Qualified Family Status Change

Active state employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to four times their salary within 31 days of the qualifying event. Family status changes include the following events and documentation of the qualifying event is required:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

OPTIONAL LIFE INSURANCE RATES – Monthly GIC Plan Rates as of July 1, 2009

Including Accidental Death & Dismemberment

ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.09	\$0.05
35 – 44	0.13	0.06
45 – 49	0.24	0.09
50 – 54	0.38	0.15
55 – 59	0.58	0.23
60 – 64	0.88	0.34
65 – 69	1.57	0.83
70 and over	2.81	1.30

Flexible Spending Accounts

You can save money by enrolling in the GIC's Flexible Spending Accounts (FSAs), administered by Benefit Strategies. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis. Examples can include:

- Office visit and prescription drug copayments
- Eyeglasses and contact lenses
- Orthodontia and dental benefits
- Hearing aids and durable medical equipment
- Smoking cessation and child birth classes
- Most over-the-counter (OTC) drugs, such as pain relievers, antacids, and allergy medicines

For calendar year 2010, participants can contribute \$500 to \$3,000 through payroll deduction on a pre-tax basis.

HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses – such as day care, after-school programs, elder day care, and day camp – on a pre-tax basis. You may elect an annual DCAP contribution of up to \$5,000.

DCAP Eligibility

Active state employees who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

HCSA & DCAP

All HCSA participants receive a free debit card from Benefit Strategies to conveniently pay for health care expenses out of their HCSA. Alternately, as you incur health care and dependent care expenses, submit a claim form and receipt to Benefit Strategies. They will deposit the reimbursement to your bank account or will mail you a check, depending on whether or not you

enroll in direct deposit. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2010 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.60 on a pre-tax basis.

It is important to estimate your expenses carefully – the Internal Revenue Service requires that you forfeit any unused funds at the plan's year end.

HCSA & DCAP Enrollment

New State Employees Joining from Transportation and Sheriffs Departments

New employees may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first date of employment.

Open Enrollment and Enrollment During the Year

The HCSA and DCAP plan year is January through December. *Open enrollment for these programs is in the fall* for the following calendar year. *You must re-enroll each year.* Employees who have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

HCSA and DCAP Questions?
Contact Benefit Strategies:
1.877.FLEXGIC (1.877.353.9442)
www.mass.gov/gic

Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Program is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

Open Enrollment

During this special open enrollment, eligible employees may enroll in GIC Dental/Vision for the first time.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision plan. There are two dental plan options:

Keep in mind that if you enroll in the MetLife Value (PPO) Plan and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.

- The MetLife Value Plan (also known as the PPO Plan), and
- The MetLife Classic Plan (also known as the Indemnity Plan)

Both plans offer access to the MetLife Preferred Dentist Program (PDP), a network of participating

dentists that have agreed to accept a schedule of reduced fees. The negotiated fees apply even after you have exceeded the annual maximum.

Dental Questions?
Including copayment amounts and providers
Contact MetLife: 1.866.292.9990
www.metlife.com/gic

The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating PDP dentist:

- If you do, choosing the MetLife Value (PPO) Plan will save monthly premium costs. However, if you are in the MetLife Value (PPO) Plan and you go out of network, you will need to satisfy a deductible and the benefit levels are slightly lower.
- If you and/or your dependents do not visit participating dentists, choosing the MetLife Classic (Indemnity) Plan will provide higher benefit levels.

VISION BENEFITS

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of over 900 Massachusetts providers, with additional preferred providers across the country. Members receive basic services at no cost and pay a copay for enhanced materials and services when they use a preferred provider. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including copayment amounts and providers
Contact Davis Vision: 1.800.650.2466
www.davisvision.com (control code: 7852)

GIC Dental/Vision Plan – Monthly GIC Plan Rates as of July 1, 2009

	INDIVIDUAL	FAMILY
Value (PPO) Plan	\$ 3.80	\$11.79
Classic (Indemnity) Plan	\$ 5.35	\$16.60

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees without CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency information to develop tiered networks are designated as Select & Save plans.

DCAP (Dependent Care Assistance Program) -

a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent. Open enrollment for this program takes place in the fall for a calendar year benefit.

Deferred Retirement – allows you to continue your group health insurance after you leave state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

GIC (Group Insurance Commission) – a quasiindependent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in particular cities and towns.

HCSA (Health Care Spending Account) – a pre-tax benefit that allows employees to contribute a set amount of their income for non-covered health expenses, such as copayments, deductibles, eyeglasses and orthodontia. Open enrollment for this program takes place in the fall for a calendar year benefit.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits.

LTD (Long Term Disability) – an income replacement program for active employees providing a tax-free benefit of up to 50% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers who contract with a benefit plan. If you are in a plan that offers network and nonnetwork coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

Portability – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.



For more information about specific plan benefits, contact the individual plan. Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Community Health Plan Direct Care Select Care	1.866.344.4442	www.fchp.org
Harvard Pilgrim Independence Plan	1.800.542.1499	www.harvardpilgrim.org/gic
Health New England	1.800.842.4464	www.hne.com
Navigator by Tufts Health Plan ■ Mental Health/Substance Abuse and EAP (United Behavioral Health)	1.800.870.9488 1.888.610.9039	www.tuftshealthplan.com/gic www.liveandworkwell.com (access code: 10910)
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
UniCare State Indemnity Plan/ Basic Community Choice PLUS	1.800.442.9300	www.unicarestateplan.com
For all UniCare Plans		
 Prescription Drugs (Express Scripts) Mental Health/Substance Abuse and EAP (United Behavioral Health) 	1.877.828.9744 1.888.610.9039	www.express-scripts.com www.liveandworkwell.com (access code: 10910)

OTHER BENEFITS		
Employee Assistance Program (EAP) for State Agencies (United Behavioral Health)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (Benefit Strategies)	1.877.FLEXGIC (1.877.353.9442)	www.mass.gov/gic
Life/AD&D Insurance (The Hartford) Contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic
Long Term Disability (Unum)	1.877.226.8620	www.mass.gov/gic

FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits (MetLife)	1.866.292.9990	www.metlife.com/gic
Vision Benefits (Davis Vision)	1.800.650.2466	www.davisvision.com (control code: 7852)

ADDITIONAL RESOURCES			
Internal Revenue Service (IRS) 1.800.829.1040 www.irs.gov			
Social Security Administration	1.800.772.1213	www.ssa.gov	
State Board of Retirement	1.617.367.7770	www.mass.gov/retirement	

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 ■ www.mass.gov/gic



P.O. Box 8747 • Boston, MA 02114-8747

Commonwealth of Massachusetts

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

Group Insurance Commission

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